

Section 17 – Appropriations

(a) \$250,000 for evidence-based education program for inclusion of evidence-based information about safe prescribing of controlled substances and alternatives to opioids for treating pain.

The UVM College of Medicine currently operates an academic detailing program funded in part by a \$200,000 annual grant from the Health Department with funding from the Evidence Based Education & Advertising Fund. The program's current offerings do not include the topic areas referenced in S.243. If this additional appropriation is authorized, the Department would plan to increase the fiscal year 2017 grant award to UVM and request the development of content and offering of detailing sessions on the topics.

(b) \$625,000 for statewide unused prescription drug disposal initiatives;

- \$100,000 for a MedSafe collection and disposal program and program coordinator,
 - \$50,000 - \$819 eachx6*(5 per District x12 Districts)
 - \$50,000 - .5 FTE Disposal Coordinator position with benefits
- \$50,000 for unused medication envelopes for a mail-back program,
 - \$50,000 - \$5 each unit x 10,000
- \$225,000 for a public information campaign on the propose use, storage, and safe disposal of controlled substances
 - \$70,000 - Strategic planning, research, message development, creative design
 - \$10,000 - Print materials (i.e. brochures, posters, postcards)
 - Media campaign sample budget
 - \$170,000 State-wide ad purchases: 16 weeks spread across the year
 - \$100,000 - TV
 - \$45,000 - Radio
 - \$20,000 - Online
 - \$5,000 - Print (Newspaper)
- \$250,000 for a public counter-marketing campaign concerning prescription drugs, based on the counter-marketing work from tobacco cessation campaigns. (Same figures as above.)

The Health Department currently works with community prevention partners to encourage safe disposal of prescription drugs; and the FY '17 budget includes \$50,000 from the Evidence Based Education & Advertising Fund to expand these efforts. The appropriation included in this bill would allow the program to expand statewide and would provide crucial funding for a public information campaign.

(c) \$150,000 to purchase and distribute opioid antagonist rescue kits

The Health Department currently runs an opioid overdose rescue program on a pilot basis, and the FY '17 budget includes \$200,000 from the Evidence Based Education & Advertising Fund to continue the program on a permanent basis. At the current rate of program growth, the additional funding included in this bill will likely be needed to adequately meet the demand for rescue kits.

(d) \$250,000 to establish a hospital antimicrobial program to reduce 18 hospital-acquired infections;

Antibiotic resistance is one of the world's most pressing public health problems. Antibiotics are among the most commonly prescribed drugs, but they are not optimally prescribed up to 50% of the time. As of December 2014 only 7.1% of acute care hospitals in Vermont had antibiotic stewardship programs that incorporated all seven of the CDC's "Core Elements of Antibiotic Stewardship Programs". The funding proposed in this bill would fund efforts to improve antibiotic prescribing and reduce the incidence of resistant pathogens, as well as to improve surveillance for antibiotic resistant organisms by adding additional testing capacity at our public health laboratory.

- While UVM currently does this work for itself, smaller hospitals do not
 - VDH would fund UVMMC to work with small hospitals across the state
 - \$90,000 for UVM Staff time
- Small hospitals lack the resources to do this work on their own
 - Lack the necessary expertise – no infectious disease-trained physicians, pharmacists, and nurses
 - Lack the funds to hire the necessary expertise
 - 36,000 - \$12,000 x three facilities to each hospital in order to provide an incentive for hospital leadership devote resources for this effort
- \$64,000 - Provides funds for WHONET, which will allow VDH to analyze microbiological and clinical data with a special focus on antimicrobial susceptibility test results.
- \$6,000 – for UVMMC to administer sub-grants to participating facilities
- \$2,500 – for printing and distribution of materials and mileage reimbursement
- Why
 - The issue of antibiotic resistance is a global crisis and Vermont and other states need to be addressing it soon
 - White House already issued an action plan
 - https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf
 - While not required today, CMS will be requiring it by 2017
 - By using the manufacturer's fee
 - Hospitals wont have to pass on costs in higher rates
 - More efficient that each hospital standing up on its own
 - Such programs provide tools and systems-level approach to the issue of over-prescribing
 - Incident reviews will not necessarily capture over-prescribing as the results might not be acute nor provide recommendations for an new approach

(e) \$32,000 to provide naloxone to emergency medical services providers;

This is the estimated annual cost to provide naloxone to every provider and replace as needed.

(f) \$200,000 to the Department of Vermont Health Access for the pilot project described in Sec. 15a to evaluate the use of acupuncture in treating chronic pain in Medicaid beneficiaries.